



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0028053932** | File Number: **0000074387** | Submit Date: **06/03/2019** | Call Sign: **WFNR** | Facility ID: **67588** | City: **BLACKSBURG** | State: **VA**

Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/03/2019** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WFNR - EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WFNR AM, LLC Doing Business As: WFNR AM, LLC	149 ROSCOE BLVD. SOUTH PONTE VEDRA BEACH, FL 32082 United States	+1 (904) 285-3239	GEORGE@MEDIASERVICESTGROUP.COM	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Elizabeth E Spainhour Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	espainhour@brookspierce.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67588	WFNR	BLACKSBURG	VA	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional Program Report

Responsibility for Implementation

Questions

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
George R Reed	President

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information,and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	06/03 /2019
Certified Title	President
Authorized Party Name	George R. Reed

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Monticello Blacksburg - 2019 Form 396 Narrative Exhibit.pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
<u>Monticello Blacksburg - 2019 Public File Report.pdf</u>	Applicant	EEO Public File Report	2019 Public File Report	Done with Virus Scan and /or Conversion